STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER		2. DATE
The Hamlin County Republican		9-29-2011
3. FREQUENCY OF ISSUE	3A. NO. OF ISSUES PUBLISHED ANNUALLY	3B. ANNUAL SUBSCRIPTION PRICE
Weekly	50	$ 35 & $45

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) PO Box 50, Castlewood, SD 57223

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) PO Box 50, Castlewood, SD 57223

6. FULL NAME OF PUBLISHER: LeeAnne Archer

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
LeeAnne Archer	PO Box 50, Castlewood, SD 57223

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

none

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	650	650
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales.	90	90
2. Mail Subscription (Paid and or requested)	380	377
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	470	467
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	6	6
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	3	3
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	479	476
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	171	174
2. Return from News Agents		
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	650	650

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

LeAnne Archer
(Signature)

Owner
(Title)

State of South Dakota)
§
County of Hamlin)

Sworn to before me this 29th day of Sept., 2011

Amanda Rudebusch
Notary Public

(Seal)

AMANDA RUDEBUSCH NOTARY Seal PUBLIC STATE OF SOUTH DAKOTA

My commission expires: My Commission Expires September 18, 20[illegible]

Form: SOS REC 051 7/2004